

INSTRUCTIONS: PLEASE MAIL OR FAX.



Requested Change Date: _____
Policy Number #1 _____
Policy Number #2 _____
Policy Number #3 _____

P. O. BOX 25640, Oklahoma City, OK 73125
PHONE 1-800-437-1011
FAX 1-800-654-2324
www.AFAdvantage.com

CHANGE ADDRESS FORM

INSURED/POLICYHOLDER INFORMATION:

Address Change is for:

- Insured/policyholder (Print name) _____ SSN _____
 Policyowner (Print name) _____ SSN _____

Person Requesting the Change:

- Insured/policyholder Policyowner Other (Print name) _____

If Other please list relationship to insured/policyholder or policyowner: _____

I understand this request for change of address will replace all previous requests. It will become effective the earlier of the request change date above or the date recorded by the home office below.

Signature of Requestor _____ **Date** _____

OLD ADDRESS:

NEW ADDRESS:

Residence Address: _____ **Residence Address:** _____

City: _____ City: _____

State: _____ Zip Code: _____ State: _____ Zip Code: _____

Mailing Address: _____ **Mailing Address:** _____

City: _____ City: _____

State: _____ Zip Code: _____ State: _____ Zip Code: _____

Telephone Number () _____ Telephone Number () _____

Email address: _____

FOR HOME OFFICE USE ONLY

The foregoing request has been recorded at the Home Office of American Fidelity Assurance Company in Oklahoma City, Oklahoma.

Date: _____

Approved By: _____